

**STATE OF NEBRASKA**

Department of Health and Human Service  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
(402) 471-2117

**PSYCHOLOGY**  
**APPLICATION TO PRACTICE FOR**  
**30-DAYS WITHIN A ONE YEAR PERIOD**

(Print or Type)

**FEE: \$25.00**

**SECTION A – DEMOGRAPHIC INFORMATION** (All applicants must complete this section) *(Your name, address, date of birth, school and exam scores are public information and will appear on the internet – [www.hhs.state.ne.us/lis/lis.asp](http://www.hhs.state.ne.us/lis/lis.asp))*

Applicant's Name:	First:	Middle:	Last:
Public Address:	Street/PO/Route:		
	City:	State:	Zip Code:
Telephone Number: # during normal business hours	Number:	Social Security Number: (not displayed on Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)  SS#	
Place of Birth:	City/State/Country	Date of Birth:	Month/Day/Year

(If your official transcript does not verify your date of birth, submit a copy of birth or marriage certificate, or driver's license, or similar documentation)

**SECTION B – CONVICTION INFORMATION/OTHER STATE LICENSURE:** All applicants must complete this section

1	HAVE YOUR EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state what crime, date of conviction, name, location of court (City, County, State)			
	Crime	Date	Name and Location of Court
2	ARE YOU LICENSED OR CERTIFIED IN ANOTHER STATE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES, INDICATE CATEGORY OF LICENSURE AND STATE(S) OF LICENSURE:			
	Category of Licensure	State(s) of Licensure	
<b>NOTE: You must submit a certification of your license(s) from each state where you hold or have held a license (Attachment Q1) and documentation of the requirements for licensure in the other jurisdiction which are currently in effect and which were in effect at the time the license was issued.</b>			
3	HAS DISCIPLINARY ACTION BEEN TAKEN ON YOUR LICENSE/CERTIFICATE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state date, type of action and name and address of entity taking such action:			
	Type of Action	Date	Name and Address of Entity taking Action

**Make fee payable to 'Credentialing Division'**

4	HAVE YOU EVER SURRENDERED YOUR LICENSE/CERTIFICATION?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state date and type of surrender; state(s) of such surrender:			
Type of Surrender		Date	State(s) of Surrender
5	HAVE YOU EVER BEEN DENIED LICENSURE/CERTIFICATION OR REFUSED RENEWAL (other than non-payment of renewal fees?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state date and type of action; Name and address of entity taking such action:			
Type of Action		Date	Name and Address of Entity taking Action

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- Arrest Records
- All addiction/mental health evaluations (if the conviction involved a drug and/or alcohol related offense)
- If you are/were on probation, a letter from your probation officer referencing your probationary progress or date of release
- A letter from the applicant explaining the nature of the conviction
- Official Documents from the State Board in which the disciplinary action was taken

**SECTION C - EDUCATION:** All applicants must complete this section and submit or cause to be submitted an Official Transcript of a Doctoral Degree in Psychology; you need only submit information relative to your doctoral degree. You must possess a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The degree shall be obtained from a program of graduate study in psychology that meets the standards of accreditation adopted by the American Psychological Association. Any applicant from a doctoral program in psychology that does not meet such standards shall present a certificate of retraining from a program of respecialization that does meet such standards.

Transcript attached:		Transcript forwarded separately:	
Last Name on Transcript:			
1	Institution Name		
	Address	Street/PO/Route:	
		City:	State:
			Zip:
	M/D/Y of Graduation	Degree:	Major:
Is the program of graduate study in psychology accredited by the American Psychological Association (APA)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, is the program accredited by another accrediting body?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indicate accrediting body			
<b>(If the program is not accredited by APA, you must submit evidence that the program meets the standards of accreditation adopted by APA and complete the <a href="#">equivalency form</a>)</b>			

**SECTION D - INTERNSHIP EXPERIENCE:** All applicants must complete this section and submit Attachment S1 to verify this information. An applicant is required to have completed two years of supervised professional experience. One year shall be an internship meeting the standards of accreditation adopted by the American Psychological Association, and one year shall be supervised postdoctoral experience.

INTERNSHIP EXPERIENCE					
1	Name of Facility where the internship was completed:				
2	Address		Street/PO/Route:		
City:			State:	Zip:	
3	Was the internship APA approved:			<div>Yes</div> <input type="checkbox"/>	<div>No</div> <input type="checkbox"/>
If no, you must submit evidence that the internship meets the standards of accreditation adopted by the American Psychological Association. (contact this office for internship equivalency form)					
4	Dates of Internship:	From (Month/Day/Year):	To (Month/Day/Year):		
5	Name of Primary Supervisor				
	State or Jurisdiction in which supervisor licensed:				
	Type of Licensure:		License Number:		
6	Name of Other Supervising Psychologists				
	State/Jurisdiction licensed		License Number:		
7	Below, provide a brief statement of the services you provided during your internship:				

**SECTION E - ATTESTATION** (All applicants must complete this section of the application) An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

☐ I have not practiced Psychology in Nebraska without a license prior to this application for licensure; **or**

☐ I have practiced Psychology without a license prior to this application for licensure:

\_\_\_\_\_ number of days in Nebraska prior to July 1, 2004

\_\_\_\_\_ number of days in Nebraska after July 1, 2004

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ date



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ATTACHMENT Q1

## CERTIFICATION OF PSYCHOLOGY LICENSURE

*(Must be completed by certifying/licensing agency)*

(Print or Type)

Our records indicate that \_\_\_\_\_ was licensed as a Psychologist on \_\_\_\_\_  
(Applicants name)

and was issued license number \_\_\_\_\_ and expires \_\_\_\_\_

Examination Information: \_\_\_\_\_ Name of Examination

\_\_\_\_\_ Examination Score

It is further verified that based on the records in this Department, the applicant's license has:

a) been suspended, ☐ yes ☐ no

b) been revoked, ☐ yes ☐ no

If yes to any of the above, please explain \_\_\_\_\_

\_\_\_\_\_ and has been maintained in good standing up to and including the present date, ☐ yes ☐ no and that so far as the records of this agency are concerned, the applicant is entitled to the endorsement of this agency.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (No Stamp)

\_\_\_\_\_  
Name and Title

OPTIONAL:

Telephone Number: \_\_\_\_\_

Area Code

\_\_\_\_\_  
Licensing Agency

\_\_\_\_\_  
Address

(S E A L)

\_\_\_\_\_  
City/State/Zip Code